



OHIO COUNTY OCCUPATIONAL TAX ADMINISTRATOR

EMPLOYER'S RETURN OF EMPLOYEE'S LICENSE FEE WITHHELD OR DUE

For Office Use Only

If no wages were paid this period, mark "NONE" and return this form

1. Salaries, wages, commissions & other compensation paid all employees for services in Ohio County.....\$
2. Tax Due at - **1.00%** of line 1 \$
3. Penalty - **10.00%** of line 2..... \$
4. Interest (per annum) - **8.00%** of lines 2 + 3..... \$
5. Adjustment due to rounding -.....(+/-) \$
6. BALANCE DUE (total lines 2 thru 5)..... \$

If no wages were paid this period, mark "NONE" and return this form.

Should this account be made inactive? ___NO ___ YES (if 'YES', explain below)

I hereby certify that the information, schedules, statements and exhibits filed herewith are true and correct.

Signed _____

Official Title _____ Date _____

Phone Number (270) - _____

ACCOUNT NAME
CONTACT
1234 ANYSTREET
ANYTOWN KY 12345

Account No.

99999



Indicate any name or address change above.

FOR PERIOD ENDING

Month	Day	Year
12	31	2006

DUE ON OR BEFORE

Month	Day	Year
01	31	2007

FED ID #

Make checks payable and mail to:

OHIO COUNTY OCCUPATIONAL TAX AD
MINISTRATOR

P.O. BOX 185
HARTFORD KY 42347

Phone: (270) 298-4410
Fax: (270) 298-4409

octaxadm@bellsouth.net

Form OCC-3PT Rev. 9/27/02

*PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS.